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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 09/482,338

Docket Number (Optional)

20002.0057

Filed January 14, 2000

For METHOD FOR FORMING A GOLF BALL WITH POLYURETHANE

Art Unit 1732

Examiner E. Lee

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | Fee    | Small Entity Fee |           |
|--|--------|------------------|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$120  | \$60             | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$450  | \$225            | \$ _____  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510            | \$1020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$1590 | \$795            | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$2160 | \$1080           | \$ _____  |

- ☐ Applicant claims small entity status. See 37 CFR 1.27.  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to.

Deposit Account Number 19-5127. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 54,432

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

Stephanie D. Scruggs  
Signature

Stephanie D. Scruggs

Typed or printed name

January 21, 2005

Date

(202) 424-7500

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

Complete If Known

Application Number 09/482,338  
Filing Date January 14, 2000  
First Named Inventor J. CALABRIA  
Examiner Name E. Lee  
Art Unit 1732  
Attorney Docket No. 20002.0057

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1150.00

## METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 19-5127 Deposit Account Name: Swidler Berlin, LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES  |         | SEARCH FEES  |         | EXAMINATION FEES |         | Fees Paid (\$) |
|------------------|--------------|---------|--------------|---------|------------------|---------|----------------|
|                  | Small Entity | Fee(\$) | Small Entity | Fee(\$) | Small Entity     | Fee(\$) |                |
| Utility          | 300          | 150     | 500          | 250     | 200              | 100     | _____          |
| Design           | 200          | 100     | 100          | 50      | 130              | 65      | _____          |
| Plant            | 200          | 100     | 300          | 150     | 160              | 80      | _____          |
| Reissue          | 300          | 150     | 500          | 250     | 600              | 300     | _____          |
| Provisional      | 200          | 100     | 0            | 0       | 0                | 0       | _____          |

### 2. EXCESS CLAIM FEES

| Fee Description  | Small Entity | Fee(\$) | Fee Paid (\$) |
|--|--------------|---------|---------------|
| Each claim over 20 (including Reissues)                                | 50           | 25      | _____         |
| Each independent claim over 30 (including Reissues)                    | 200          | 100     | _____         |
| Multiple dependent claims  | 360          | 180     | _____         |
| Total Claims   | Extra Claims | Fee(\$) | Fee Paid (\$) |
| _____ -20 or HP= _____   | x _____      | = _____ | _____         |
| HP = highest number of total claims paid for, if greater than 20.      |              |         |               |
| Indep. Claims  | Extra Claims | Fee(\$) | Fee Paid (\$) |
| _____ - 3 or HP= _____   | x _____      | = _____ | _____         |
| HP = highest number of independent claims paid for, if greater than 3. |              |         |               |

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets        | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------|--|----------|---------------|
| _____ - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____             | = _____  | _____         |

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for 3 month Ext. of Time (\$1020); Terminal Disclaimer (\$130)

1150.00

## SUBMITTED BY

Signature Stephanie D. Scruggs Registration No. 54,432 Telephone (202) 424-7500  
Name (Print/Type) Stephanie D. Scruggs (Attorney/Agent) Date January 21, 2005

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